

**Commissioning Reference Group**  
**19 May 2016**  
**Civic Offices, Thurrock CCG**

<b>Present:</b>	Liv Corbishley (LC)	TCCG, PPI Lay Member
	Alan Hudson (AH) Chair	Stifford Clays Medical Centre, PPG
	Reginald Sweeting (RS)	PRG
	Maxine Lockwood (ML)	STEPS
	Francis Allie (FA)	Local Area Co-ordinator
	Terry Brown (TB)	Tilbury Community Forum
	Maureen Cushing (MC)	Hassengate Medical Centre
	Faith Stow (FS)	Healthwatch Thurrock
	Samson Odubanjo (SO)	Healthwatch Thurrock
<b>In Attendance:</b>		
	Alison Springett (AS)	Thurrock CCG
	Gemma Curtis (GC)	Thurrock CCG
	Jeanette Hucey (JH)	Thurrock CCG
	Ria Walsh (RW)	Thurrock CCG
	Richard Stone (RS)	Thurrock CCG
	Lynne Hilkenne (Minutes)	Thurrock CCG
<b>Apologies:</b>	Tony Davies, Kevin Brice, Wendy Ashton, Wendy Robertson, Dr Raja, Gill Booth, Jennie Deeks, Dr Ambikapathy, Alison Pettit, Kim James	

<b>1.</b>	<b>Welcome &amp; Apologies</b>
	<p>The Chair welcomed all to the meeting. The apologies were noted as above.</p> <p>There were no declarations of interest that were not already on the register.</p> <p>The Chair welcomed and introduced Liv Corbishley, CCG, PPI Lay member to the group.</p>
<b>2.</b>	<b>Minutes of the meeting held on 24 March 2015 and Action Log</b>
	<p>The minutes of the above meeting were reviewed and agreed as an accurate record.</p> <p>Action Log:</p> <ul style="list-style-type: none"> <li>• Ophthalmolgy – The change for patients being more localised is working but with a few problems, e.g. car parking.</li> <li>• Carers – Still outstanding – needs to be completed.</li> <li>• PET CT – no final decision has been made yet.</li> <li>• Asset map – still in hand.</li> </ul>

	<ul style="list-style-type: none"> <li>• LAC - presentation completed. Chair explained the role of LAC.</li> <li>• Lay Member - to look at in the future.</li> </ul>
<p><b>3. Transformation – Patient Champion</b></p>	<p>JH introduced herself and updated the group from the last meeting and gave an overview of the transformation programme's progress. JH said there was a lot of work underway at the moment and that there would be an update in issue 2 of "For Thurrock in Thurrock" out in September. JH invited people to become more involved around the development of the Health and Wellness Centres and to put forward their views/comments on what they felt was needed in the space provided i.e. what service is needed. There would be two new builds, one in Tilbury and one in Purfleet. JH said the LACs were working very well in Thurrock and that the CCG was working with the Local Authority to introduce social prescribing to enhance the LAC offer; it was all about making connections, giving physical/peer support, boosting confidence and befriending, working closely with organisations in the voluntary sector.</p> <p>JH said she had had a meeting with the Chief Executive of Voluntary Services at Beehive recently in working towards having a community lead and patient lead for each of the key areas.</p> <p>AH said this was an important opportunity to get involved from the beginning and voice any concerns/opinions/requests; this was a chance not to be missed.</p> <p>JH said she hoped there would be a co-operative of people willing to become involved, and anyone interested in helping should contact the CCG directly via the website's email address. It was noted this was not a funded role but a voluntary one.</p>
<p><b>4. What CRG meetings have achieved</b></p>	<p>MC said she was very disappointed in the recent low level of attendance at meetings. MC said she felt there were strengths in numbers and gave an example of when the Group was most successful with great support regarding the Stroke Unit. Discussion followed on why the group felt numbers had ceased. AH said that it was important that when a communication is sent out, it is sent to the right person and not to a vacant seat (a group member who had resigned but no-one had passed the information on).</p> <p>AH said that dates and venues should be booked at least year in advance so that members can book the dates and times in their diaries.</p> <p>MC said the group should be for public involvement and anyone who wants to become involved, not just patient groups. LC said she would be looking at a plan to encourage people to attend. Discussion followed on how best to advertise to attract new members e.g. going into libraries.</p> <p>TB suggested the CCG went to the Hubs. AH replied that they took the TRCG out and about around Thurrock but it didn't make any difference.</p>
<p><b>5. Phlebotomy</b></p>	<p>GC introduced herself and updated the group with a slide presentation - Phlebotomy Services in Thurrock. <i>(The presentation is attached for ease of reference)</i></p> <p>MC asked if every GP who has a service will have to re-apply. GC said each practice would be given the opportunity to bid to provide phlebotomy services.</p> <p>AH said there was some concern over old blood tests (forms) that were only recognised at Basildon and Thurrock. GC advised she didn't envisage any problems with the new service. There would be a better structure in place with faster couriers.</p> <p>Discussion followed on the new procedures.</p>

<p><b>6. Estates</b></p>	<p>GC updated the group with a slide presentation (<i>The presentation is attached for ease of reference</i>).</p> <p>MC asked how many GP's in Thurrock have a training practice. GC replied that only one practice. Discussion followed.</p> <p>TB asked why Orsett Hospital is not promoted/used more. GC said that it was probably because of the location and hours of opening. Discussion followed on whether public transport could be better, especially as the No. 100 bus has been diverted and did not now go direct to the hospital.</p>
<p><b>7. Pre-Diabetes Invite Letters</b></p>	<p>AS introduced herself to the group and circulated copies of two draft letters. Both letters had been drafted by AS in anticipation to be sent to patients in the area that may be at risk of developing diabetes in the future. The first letter was to be sent to patients that have high risk factors (overweight, BME, gestational diabetes, etc) with no bloods on the system, and the other letter to be sent to patients that just have blood tests on the system.</p> <p>AS explained that this was a joint initiative national programme primarily to halt the rise in the number of diabetics, and advised that Thurrock had been selected to take part in the first phase. This is a life-style change and patients selected would be offered 13 sessions over a nine month period. It was hoped to start the programme in August, with letters going out in July.</p> <p>AS asked if the group would consider her draft letters and forward any comments/suggestions to her by the end of June at the latest. It was noted that some of the group would share the draft letters with their local patient groups. Once the letters had been agreed, they would be forwarded to GP's for their practices to send out in July. The CCG would like to identify at least 400 people to take part in the exercise.</p> <p>AS advised that the companies who have been awarded the contract nationally are Pulse Healthcare Ltd T/A ICS Health &amp; Wellbeing, Reed Momenta, Health Exchange CIC and Ingeus UK Ltd. These companies now have to bid to provide services locally.</p> <p>AS reiterated that the programme was not for patients that who had already been diagnosed with diabetes. Discussion followed on recognised signs of diabetes. <b>ACTION: CCG to forward draft letters to those not attending the meeting.</b></p> <p>AH said this was very good for the community and thanked AS for her presentation.</p>
<p><b>8. Health Watch Update</b></p>	<p>FS and SO introduced themselves from Healthwatch Thurrock and circulated copies of a leaflet on the Health and Wellbeing Strategy 2016-2021. FS briefly ran through each of the five goals within the Strategy and said each goal would take approx. two months to develop. The five goals were:</p> <ul style="list-style-type: none"> <li>• Opportunity for all</li> <li>• A healthier environment</li> <li>• Better emotional health and wellbeing</li> <li>• Quality care, centred around the person</li> <li>• Healthier for longer</li> </ul> <p>FS said they would be going out in the community, speaking to people face to face, attending youth clubs, colleges, attending free events etc. This was recognised as being the best way forward on reaching people.</p>
<p><b>9. Any Concerns</b></p>	

	All agreed that it was a priority to make sure attendance of the group was higher in the future.
<b>10. AOB</b> <b>PET CT Scan – brief attached</b>	
	AH asked if the PET CT scanner brief could be sent out with the next agenda for consideration. <b>ACTION: CCG to send out.</b> AH and RS attended a recent conference at Essex Cricket Ground, exploring the role of citizen engagement within the Essex Success Regime. It was well represented by Patient Participation and Patient Representative Group members. AH and RS advised that what was most clear is how far Thurrock is ahead in terms of its transformation plans, and how a lot of engagement work at the grass roots has really helped to inform those plans, meaning a lot of work is already well underway.
<b>Date of Next Meeting</b>	
	AH thanked those for attending and said he would be working to make sure they had more representations across the Borough.  Meeting ended at 3.25pm.

DRAFT